



BHR Integrated Care Partnership

Better care, better lives, together

Development of an Integrated Health and Care System

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- BHR Partners have been working together to address system wide issues for a number of years, formally through the Integrated Care Coalition established in 2011, which has evolved into the BHR Integrated Care Partnership; it is comprised of clinical, democratic and officer leaders.
- In December 2015 following a call for pilot bids by the NHS and London Councils, BHR was selected as a Devolution pilot site to test the viability and benefits of Accountable Care for the BHR system. The ambition articulated by BHR partners was to be at the forefront of piloting new ways of working across organisational boundaries to achieve a step change in health and social care outcomes in order to radically improve outcomes for local people and seek to mitigate the growing financial challenges in the system.
- The Strategic Outline Case (SOC) was prepared with the assistance of external expert resources (including PWC, UCL Partners and Ipsos MORI), and included outputs from a comprehensive survey of residents and health and care staff along with the community and voluntary sector, analysis of current and future health and care demand, service gaps, and an assessment of a range of pathway improvements required to bring BHR in line with best practice alongside detailed financial analysis.
- The SOC set out a roadmap for a BHR ICS; strengthening partnership governance arrangements, developing strategic commissioning between Local Authorities and CCGs through establishment of the Joint Commissioning Board, and working with Providers to develop a BHR Provider Alliance to take forward a place based delivery model of care.

To accelerate improved health and wellbeing outcomes for the people of Barking & Dagenham, Havering and Redbridge and deliver sustainable provision of high quality health and wellbeing services



**Barking and Dagenham, Havering and Redbridge Integrated Care Partnership
Statement of purpose**

Integrated Care Partnership vision

Delivered by a system with the following aims:

- Enable and empower people to live a healthy lifestyle, to access preventive care, to feel part of their local community, to live independently for as long as possible, to manage their own health and wellbeing, which creates an environment that encourages and facilitates healthy and independent lifestyles.
- Where care is: organised around the patient's needs, involves and empowers the patient, is integrated between agencies, with a single point of access, is provided locally where possible, meets best practice quality standards, and provides value for money.
- In which organisations: share data where appropriate, work collaboratively with other agencies and maximise effective use of scarce/specialist resources (e.g. economies of scale).
- Where artificial barriers that impede the seamless delivery of care are removed, bringing together not only health and social care, but a range of other services that are critical to supporting our population to live healthy lives.

From a person's point of view:

- The system will feel seamless and responsive to their needs. There will be clear information and advice about how to access services to ensure that they receive the right support in the right place, all of the time. Those working in health and wellbeing (including other critical support services such as local authorities, community care, public health and the voluntary sector) will be members of a 'community of care' driven by a shared vision.

Our proposed way forward

KEY ISSUES

BHR: system deficit of ~£25m in 14/15 growing to ~£75m by the end of 17/18 alongside the need to improve outcomes for local people and address local workforce gaps

This is placing strain on the ability of the system to deliver its constitutional standards and has driven an insufficient focus on transformational change meaning we have not achieved the improvement in overall patient outcomes we would have desired.

NHSE/I require BHR CCGs and BHRUT to deliver joint financial recovery but it is recognised that this cannot be achieved without partnership work with NELFT and the BHR GP Federations.

PROPOSED WAY FORWARD TO ADDRESS ISSUES

Overall the system needs to be more **efficient** to eliminate both historic and in-year deficits

Activity will also need to move Out of Hospital and closer to home by 2020/21 to create a sustainable financial model for the system going forward; this cannot and must not be at the expense of delivering high quality care and our constitutional targets

In addition, the financial recovery of the NHS in BHR needs to take into account the overall direction of travel for the health and care system in BHR **toward and Integrated Care System (ICS)**

To deliver financial recovery in the NHS in BHR whilst moving with the rest of the system toward an ICS requires us to transform services, **reduce costs and rethink how and where care is delivered.**

To **ensure a coordinated approach**, it is proposed to establish an NHS Recovery Board (NRB) to provide a forum for the senior leaders (clinical and managerial) to coordinate our response to both the system challenges and regulator assurance and monitoring.

We also propose to **establish a number of clinically led Transformation Boards** targeting the key population we serve to coordinate transformational change across our system and through this work to identify and assure the delivery of QIPPs/CIPs that will drive down costs whilst improving both quality and outcomes

BHR NHS System Recovery and our journey to an Integrated Care System

2018/19

Transition Year

- New Contract Form for 18/19
- Shift QIPP focus to Transformation
- Complete SLR process with NELFT
- Planning for primary care at scale
- Joint Regulator Meetings and assurance regime
- Focus on System Control Total
- Develop Integrated Care System Pilot Model
- Agree Governance Arrangements
- Prepare for Shadow Year

2019/20

Shadow Year

- Continue shared NHS Financial Recovery approach
- Shadow Integrated Care System, fully engaged with Local Authorities
- Joint shadow Control Total
- Continued Joint assurance regime and joint Regulator Meetings
- Focus on Transformation across entire Health & Social Care System with partners
- Refine Integrated Care System model

2020/21

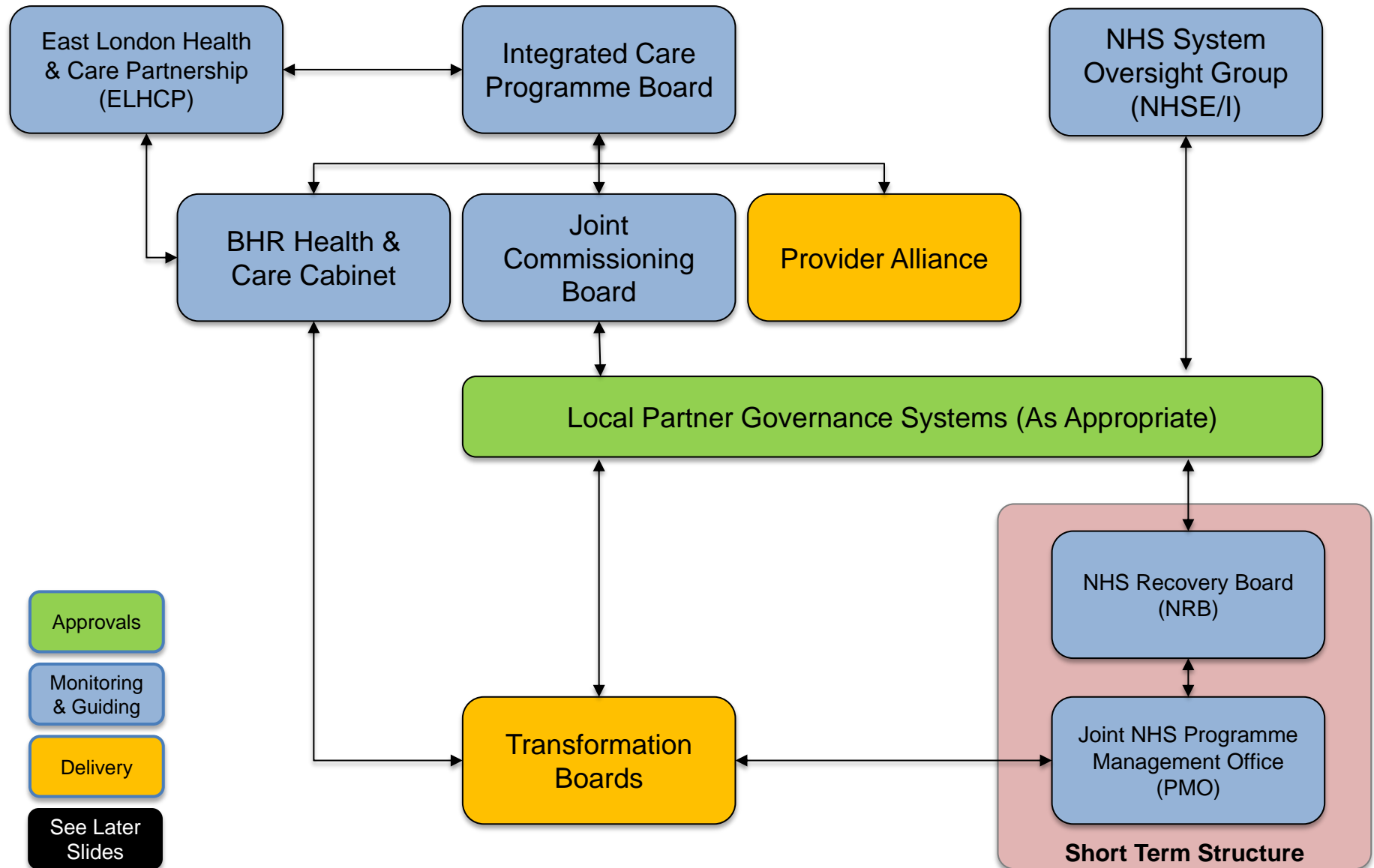
Implementation

- Integrated Care System
- Single Control Total within NHS system
- Continued Joint Regulator Meetings
- Achieve NHS System Financial Recovery and run rate balance
- Implement Integrated Care System across BHR

Journey towards an Integrated Care System

- Evidence suggests that the key to our financial and quality challenges is closer working with local authority and other partners to commission and deliver more integrated care
- An ICS is not the same as an Integrated Care Organisation or Accountable Care Organisation both of which would see partners merging into one single entity. An ICS will maintain the sovereignty of each organisation in the BHR System but would see an increase in joint working, sharing of decision making and the development of risk share approaches. It is likely that the ICS will also merge certain services (such as possibly back office functions) where it makes operational and economic sense to do so but the partner organisations will agree these together.
- Many of the steps required to bring partners back to a financially balanced position, also bring us closer to establishing an Integrated Care System in BHR, for example, the establishment of Joint Commissioning to look at opportunities across health and social care will not only yield financial and quality benefits, but is also a key step in the development of an ICS.
- Some of the key transformation areas, such as the development of Place Based Care, also give the system and partners real focus to drive forward the development of partnership working and a more Integrated Care System
- It is expected that we will use 18/19 to set out our plans for an ICS and will shadow work as an ICS in 19/20 before 'going live' in late 19/20 or early 20/21.

NHS Financial Recovery Governance in the context of the ICS development



The following slides show some worked examples of how the proposed governance structure is expected to operate.

Key Transformation areas

- The following Transformation boards for each of the agreed key transformation priorities for BHR are in the process of being established:
 - Older People, frailty and end of life
 - Long Term Conditions
 - Children and young people
 - Mental Health
 - Planned Care
 - Cancer
 - Primary Care
 - Unplanned Care
 - Place Based Care
- The Transformation Boards are clinically and professionally led groups designed to set the direction of travel for transformation for a specific cohort of patients. Each Transformation Board will have suitable management, finance and business intelligence support
- Transformation Boards will be able to initiate short term task and finish groups to tackle specific areas of concern
- Transformation Boards will also become responsible for the identification and oversight of workup and delivery of QIPPs and QCIPs although this may take time to get going.
- The appendix to this briefing contains a DRAFT plan on a page as an illustration of what these contain, including requirements from enablers

Transforming Health and Care in BHR

